



BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



September 2021(ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<p>1 For the Year (YYYY) <input type="text" value="2"/><input type="text" value="0"/><input type="text" value="2"/><input type="text" value="3"/></p> <p>3 TIN <input type="text" value="3"/><input type="text" value="0"/><input type="text" value="9"/><input type="text" value="-"/><input type="text" value="9"/><input type="text" value="7"/><input type="text" value="5"/><input type="text" value="-"/><input type="text" value="9"/><input type="text" value="6"/><input type="text" value="7"/><input type="text" value="-"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="PAKIDING, RYANN LAGAHIT"/> 5 RDO Code <input type="text" value="1"/><input type="text" value="2"/><input type="text" value="6"/></p> <p>6 Registered Address <input type="text"/> 6A ZIP Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C ZIP Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>12 TIN <input type="text" value="0"/><input type="text" value="0"/><input type="text" value="4"/><input type="text" value="-"/><input type="text" value="6"/><input type="text" value="3"/><input type="text" value="9"/><input type="text" value="-"/><input type="text" value="7"/><input type="text" value="4"/><input type="text" value="4"/><input type="text" value="-"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/></p> <p>13 Employer's Name <input type="text" value="TELEPHILIPPINES, INC"/></p> <p>14 Registered Address <input type="text" value="2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City"/> 14A ZIP Code <input type="text" value="1"/><input type="text" value="5"/><input type="text" value="5"/><input type="text" value="4"/></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A ZIP Code <input type="text"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="0"/><input type="text" value="1"/><input type="text" value="0"/><input type="text" value="1"/> To (MM/DD) <input type="text" value="1"/><input type="text" value="2"/><input type="text" value="3"/><input type="text" value="1"/></p> <p>Part I - Employee Information</p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td>29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>30 Holiday Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>31 Overtime Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>32 Night Shift Differential (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>33 Hazard Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>34 13th Month Pay and Other Benefits (maximum of P90,000)</td><td style="text-align: right;">23,307.65</td></tr> <tr><td>35 De Minimis Benefits</td><td style="text-align: right;">12,304.87</td></tr> <tr><td>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td><td style="text-align: right;">22,111.20</td></tr> <tr><td>37 Salaries and Other Forms of Compensation</td><td style="text-align: right;">0.00</td></tr> <tr><td>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td><td style="text-align: right;">57,723.72</td></tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>39 Basic Salary</td><td style="text-align: right;">256,955.01</td></tr> <tr><td>40 Representation</td><td style="text-align: right;">0.00</td></tr> <tr><td>41 Transportation</td><td style="text-align: right;">0.00</td></tr> <tr><td>42 Cost of Living Allowance (COLA)</td><td style="text-align: right;">0.00</td></tr> <tr><td>43 Fixed Housing Allowance</td><td style="text-align: right;">0.00</td></tr> <tr><td>44 Others (specify)</td><td></td></tr> <tr><td>44A Allowances</td><td style="text-align: right;">21,645.56</td></tr> <tr><td>44B</td><td style="text-align: right;">0.00</td></tr> </tbody> </table> <p>SUPPLEMENTARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>45 Commission</td><td style="text-align: right;">0.00</td></tr> <tr><td>46 Profit Sharing</td><td style="text-align: right;">0.00</td></tr> <tr><td>47 Fees Including Director's Fees</td><td style="text-align: right;">0.00</td></tr> <tr><td>48 Taxable 13th Month Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>49 Hazard Pay</td><td style="text-align: right;">0.00</td></tr> <tr><td>50 Overtime Pay</td><td style="text-align: right;">34,671.77</td></tr> <tr><td>51 Others (specify)</td><td></td></tr> <tr><td>51A Bonuses and Incentives</td><td style="text-align: right;">0.00</td></tr> <tr><td>51B Retirement Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>52 Total Taxable Compensation Income (Sum of Items 39 to 51B)</td><td style="text-align: right;">313,272.34</td></tr> </tbody> </table>	Amount	Amount	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00	30 Holiday Pay (MWE)	0.00	31 Overtime Pay (MWE)	0.00	32 Night Shift Differential (MWE)	0.00	33 Hazard Pay (MWE)	0.00	34 13th Month Pay and Other Benefits (maximum of P90,000)	23,307.65	35 De Minimis Benefits	12,304.87	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	22,111.20	37 Salaries and Other Forms of Compensation	0.00	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	57,723.72	39 Basic Salary	256,955.01	40 Representation	0.00	41 Transportation	0.00	42 Cost of Living Allowance (COLA)	0.00	43 Fixed Housing Allowance	0.00	44 Others (specify)		44A Allowances	21,645.56	44B	0.00	45 Commission	0.00	46 Profit Sharing	0.00	47 Fees Including Director's Fees	0.00	48 Taxable 13th Month Benefits	0.00	49 Hazard Pay	0.00	50 Overtime Pay	34,671.77	51 Others (specify)		51A Bonuses and Incentives	0.00	51B Retirement Benefits	0.00	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	313,272.34
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<p>Part II - Employer Information (Present)</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <input type="text" value="370,996.06"/></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <input type="text" value="57,723.72"/></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <input type="text" value="313,272.34"/></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="313,272.34"/></p> <p>24 Tax Due <input type="text" value="9,490.85"/></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <input type="text" value="9,490.85"/></p> <p>25B Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="9,490.85"/></p> <p>27 5% Tax Credit (PERA Act of 2008) <input type="text" value="0.00"/></p> <p>28 Total Taxes Withheld (Item 26 less Item 27) <input type="text" value="9,490.85"/></p>	<p>Part III - Employer Information (Previous)</p> <p>13 Employer's Name <input type="text"/></p> <p>14 Registered Address <input type="text"/></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/></p> <p>18A ZIP Code <input type="text"/></p>																																																										
<p>Part IVA - Summary</p>																																																											

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>53 <input type="text" value="Katherine Mendoza Aragon"/> Present Employer/Authorized Agent Signature over Printed Name</p> <p>54 <input type="text" value="RYANN LAGAHIT PAKIDING"/> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text" value="0"/><input type="text" value="1"/><input type="text" value="3"/><input type="text" value="1"/><input type="text" value="2"/><input type="text" value="0"/><input type="text" value="2"/><input type="text" value="4"/></p> <p>Date Signed <input type="text"/></p> <p>Date Issued <input type="text"/></p> <p>Amount paid, if CTC <input type="text"/></p>
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<p>I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.</p> <p>55 <input type="text" value="Katherine Mendoza Aragon"/> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 2002, as amended.</p> <p>56 <input type="text" value="RYANN LAGAHIT PAKIDING"/> Employee Signature over Printed Name</p>
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)